



Volunteer Application  
2570 FM 878 \*\* WAXAHACHIE, TX 75165  
972/935-0756 www.elliscountyspca.org

Application Date: \_\_\_\_\_  
Volunteer Name \_\_\_\_\_  
DOB \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Primary Phone # \_\_\_\_\_  
E-mail address \_\_\_\_\_

**FOR OFFICE USE**  
**Name Tags are REQUIRED for Volunteers**  
The cost is \$4 to be paid by the volunteer when application is submitted.  
Staff please initial when tag is purchased \_\_\_\_\_

*(we will not share your information with any other organization or company)*

.....  
Please tell us why you want to become an ECSPCA volunteer?  
\_\_\_\_\_

Do you have volunteer experience? \_\_\_yes \_\_\_no

If yes, please describe \_\_\_\_\_

Do you have experience working with animals? \_\_\_yes \_\_\_no

If yes, please describe \_\_\_\_\_

Do you have experience with a specific breed, fostering or boarding? \_\_\_\_\_

There are some instances when some animals are termed "unadoptable" and must be euthanized due to behavior, illness, and limited space. How do you feel about this?  
\_\_\_\_\_

We are always in need of donations. Do you have any contacts or special skills that might help the ECSPCA raise needed funds for our facility?  
\_\_\_\_\_

Do you have any physical limitations or allergies? \_\_\_\_\_

Do you carry medical insurance? \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_

**Please check all volunteer activities you are interested in**

- |                          |                      |                           |
|--------------------------|----------------------|---------------------------|
| _____ Dog TLC            | _____ Dog Walking    | _____ Adoption Counseling |
| _____ Off-Site Adoptions | _____ Cat TLC        | _____ Clerical            |
| _____ Special Events     | _____ Foster Parents | _____ Laundry             |
| _____ Fundraising        | _____ Cleaning       |                           |

**\*Many animal diseases are air born and can be transmitted to your pets at home through your clothes and shoes. Be sure that your pets are ALWAYS up to date on their vaccinations to keep them safe.**

*If there are specific days and times that you are able to commit to –please let the front office staff know.*

## **Volunteer Agreement**

I, \_\_\_\_\_, hereby agree to accept a position as a volunteer for the ECSPCA. I understand that the term VOLUNTARY means the way in which actions or services are rendered to the ECSPCA. Such actions or services are rendered to the ECSPCA with generous and charitable motives. No liability whatsoever will be incurred by the ECSPCA to anyone who performs voluntary actions or services. I understand that the term VOLUNTEER means a person who freely chooses and renders services to the ECSPCA in a voluntary capacity.

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1. I fully understand and agree that my services are provided strictly in a VOLUNTEER capacity.
  2. I fully understand and agree to provide my services to the ECSPCA as a volunteer in a volunteer capacity without any express or implied promise of salary, commission, or payment of any kind whatsoever.
  3. I fully understand and agree to provide my services to the ECSPCA as a volunteer in a voluntary capacity without any employment-type benefits, including but not limited to employment insurance programs, workers compensation accrual in any form, or sick, holiday, or annual leave time.
  4. I fully understand that the ECSPCA handles large numbers of animals of unknown temperament on a daily basis. I agree to hold the ECSPCA harmless of any injury(s) or disease(s) which I might sustain from handling animals during the course of my volunteer duties.
  5. I fully understand and agree to assume all risks involved in any and all duties that I perform for the ECSPCA. Such duties may consist of, but are not limited to, animal handling, custodial work, kennel staff assistance, and other foreseeable duties.
  6. I agree to familiarize myself with the ECSPCA policies and procedures. I will fully comply with both the letter and the spirit of these procedures.
  7. I fully understand that the ECSPCA expects high standards of moral and ethical treatment of animals under its care. I agree to strictly adhere to these standards in my voluntary capacity at the ECSPCA.
  8. I fully understand and agree that either for failure to fully comply with any and all of the obligations outlined in this volunteer agreement, or for any reason whatsoever, while performing my voluntary services to the ECSPCA in a voluntary capacity, the ECSPCA at its sole discretion, may immediately terminate my volunteer services.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### **RELEASE**

1. I agree to release, discharge, indemnify and hold the ECSPCA harmless for any and all damage to my personal property while performing as a VOLUNTEER in a VOLUNTEER CAPACITY any and all duties for the ECSPCA.
2. I recognize that in handling animals at the ECSPCA in a VOLUNTEER CAPACITY there exists a risk of injury or sickness including personal injury or harm. On behalf of myself, my heirs, personal representative and executors, I hereby release, discharge, indemnify and hold harmless the ECSPCA its agent, servants and employees from any and all claims, causes of action or demands, of any nature or cause connected with my Volunteer Agreement. This might include connection with my VOLUNTEER services based on damages which may be incurred or sustained by me in any way. Such damages or injuries might include, but are not limited to animal bites, accidents, injuries, and personal property damage.
3. I understand that public relations are an important part of volunteering at the ECSPCA. I agree, therefore, on behalf of myself, my heirs, personal representatives, and executors to allow the ECSPCA to use any photograph or video images which I produce in a VOLUNTARY CAPACITY will become the sole property of the ECSPCA and as such, they may use them in any ways they see fit. The ECSPCA will use reasonable efforts to notify me but such notification is not a condition of use under the auspices of the ECSPCA.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THE FORGOING VOLUNTEER AGREEMENT AND RELEASE AND THAT I WILL COMPLY THE SAME.**

Date: \_\_\_\_\_ Volunteer: \_\_\_\_\_

### **PARENT OR LEGAL GUARDIAN OF VOLUNTEERS UNDER THE AGE OF 18**

As a parent or legal guardian of the above named volunteer, I hereby give my consent to allow my child/ward to perform volunteer services for the ECSPCA, as described within the Volunteer Agreement, Volunteer Application and Release; and I fully understand and agree to all terms and conditions as set out in the above mentioned articles, and have, to the best of my ability, explained them to my child/ward. I have paid particular attention to the Release section herein.

Date: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

ECSPCA Representative \_\_\_\_\_